Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column	1)	(Colu	(Column 2)		TYPE		OR SMALL		ENTITY	
TOTAL CLAIMS						ſ	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			58 minus 20=		· 38			X\$ 9=		OR	X\$18=	684,00	
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=		OR	X80=	16000	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						_	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	27	CLAIMS REMAINING AFTER AMENDMENT	***	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T	X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	CLAIM		Ī	+135=		OR	+270=		
ļ								TOTAL		OR	TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	А	DDIT. FEE			ADDIT. FEE		
		CLAIMS			IEST	(Column 3)	_		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	t	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			011			
								+135=		OR	+270=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	j	
	Independent	*	Minus	***		=		X40=			X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPE				CLAIM		┝			OR			
•	l é ti na ambosés o t	4 to love Above At	an andress as the	mm 0'*	. иол :	luma 2		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL		
	If the "Highest Nur	mber Previously Pa	aid For" IN THIS	S SPACE I	s less tha	n 20, enter "20."	ΙA			OR			